MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

[redacted] STATE IDENTIFICATION NO. 63-032089

Registration District No. 142 Primary Registration District No. 4231 Registrar's No. 40

FILED SEP 16 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0460
2 0460
3
4 0
5 1
6
7 0
8 2
9 4200
10
11
12 2-0
13 4-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mtn. View, Mo.
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Francis Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Howell
c. CITY OR TOWN: Mountain View
Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Route 2
Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: John Middle: Riley Last: Brooks

4. DATE OF DEATH: Month: September Day: 4 Year: 1963

5. SEX: M

6. COLOR OR RACE: W

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 7/7/02

9. AGE (last birthday): 61
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gas Station Owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Mtn. View, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Wm. T. Brooks

13b. MOTHER'S MAIDEN NAME: Nancy E. Lewis

14. NAME OF HUSBAND OR WIFE: Audrey M. Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser: No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Audrey M. Brooks Address: Rt.2 Mtn.View, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pneumonitis right lung, uremia

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1957 to 9-4-63 and last saw her/him alive on 9-4-63.
Death occurred at 10:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): M.D.

22b. ADDRESS: Box 65, Mtn. View, Mo.

22c. DATE SIGNED: 9-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9/7/63

23c. NAME OF CEMETERY OR CREMATORY: Arroll Cemetery

23d. LOCATION (City, town, or county) (State): Arroll, Missouri

24. FUNERAL DIRECTOR ADDRESS: Duncan Funeral Home Mtn. View, Mo.

25. DATE RECD. BY LOCAL REG.: 9-11-1963

26. REGISTRAR'S SIGNATURE: Charles D. Curtain

(Licensed Embalmer's Statement on Reverse Side)

To Doctor: 12: Noon 9/6/63

Rec'd from Dr. 9:30 A.M. 9/11/63

To Local Registrar 9:30 A.M. 9/11/63

SEP 6 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles D. Partain

Licensed Embalmer No. 5107

P. O. Address Mt. Vernon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT; he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.